

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 1-10-03

* 01-348
John R. Feore, Jr.
Dow, Lohnes & Albertson. PLLC
1200 New Hampshire Avenue, N.W.
Suite 800
Washington, DC 20036

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) A. Cole B. Date of Delivery 1-21-03

C. Signature A. Cole ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery?(Extra Fee) ☐ Yes

DOCKET NO. 01-10-03

ORDER DATED

01-10-03

**CERTIFIED
MAIL**

FCC 03M-01

RETURN

RECEIVED & REQUESTED

NAME: John R. Feore, Jr.
Dow, Lohnes & Albertson, PLLC
1200 New Hampshire Avenue, N.W.
Suite 800
Washington, DC 20036

R. R. NO.

FCC-MAILROOM

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 3.75Certified Fee 0.75Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.50

Name (Please Print Clearly; to be controlled by mail)

John R. Feore, Jr.
Street, Apt. No., or PO Box No. Suite 800
1200 New Hampshire Avenue, N.W.
City, State, ZIP+4 Washington, DC 20036

PS Form 3800, July 1999

Read Instructions

7000 0600 0023 0773 2214